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November 17, 1995

Mark W. Legnini, Dr.P.H.
Deputy Director
Office of Statewide Health Planning and Development
1600 9th Street, Room 400
Sacramento, California 95814

Dear Dr. Legnini:

SUBJECT: Presbyterian Intercommunity Hospital's Risk-Adjusted Measures of Patient Outcomes Report/Data

Thank you for the opportunity to respond to the release of data on our hospital's risk-adjusted outcomes for Acute Myocardial Infarction. Presbyterian Intercommunity Hospital (PIH) is a 358-bed, not-for-profit regional hospital and health center that serves a wide community in Southeastern Los Angeles County and portions of the San Gabriel Valley and Orange County. We are a full-service medical center offering care in the specialty areas of cancer, cardiovascular care, complex spine and scoliosis treatment, maternal/child care, rehabilitation services, diabetes management, respiratory services, emergency and industrial medicine, behavioral health, as well as general medicine and surgery.

We at PIH are committed to analyzing our patterns and outcomes of care to provide the highest quality of care possible. One hundred percent of mortality cases are reviewed as an ongoing function of the hospital's Performance Improvement Program. The clinical departments of the Medical Staff conduct a case-by-case review of each mortality to evaluate the quality and appropriateness of the care and treatment provided. Cases with comorbidities, complications and other risk factors are also reviewed to ensure optimal medical management.

OSHPD's findings of the Risk-Adjusted Outcome data have been analyzed carefully by the hospital president, chief operating officer, president of the Medical Staff, vice president of Medical Affairs, Cardiology Section, and director of Medical Records.

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The following summarizes PIH's findings for the AMI OSHPD study:

ACUTE MYOCARDIAL INFARCTION (AMI)

In the OSHPD report, PIH's risk-adjusted AMI mortality rate under Model A was 18.6%, under Model B, PIH had a rate of 14.8%, compared to the statewide mortality rates of 13% for both models. Review of the cases revealed the following:

- Nine of 56 patient deaths (16%) were patients who experienced sudden death. They were resuscitated in the field, brought to the hospital, and expired. All nine patients had anoxic encephalopathy and expired from a neurologic death.
- ♦ Nine additional patient deaths (16%) had a "Do Not Resuscitate" order.
- One of the patients should not have been included in the analysis, as the patient should not have been coded as an AMI.

On behalf of the medical staff, administration, and staff of Presbyterian Intercommunity Hospital, thank you again for the opportunity to present this response. As always, PIH remains dedicated to providing the utmost in quality patient care for the communities we serve.

Daniel F. Adams

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President and Chief Executive Officer